

INTAKE GUIDEBOOK

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SECTION I

CUSTOMER NEEDS

Protective service staff have a broad array of external and internal customers who depend upon them and their work. The following list has been developed to indicate who "key" customers are, and their priority needs. The identification of customer needs does not indicate that the Department is responsible for meeting all the identified needs.

REPORTING PARTY NEEDS:

- Validation for calling or contacting the Department
- Clear understanding of the Department role
- Clear understanding of the Department's response
- Clear understanding of the reporting party's role
- A clear understanding of the Department's philosophy regarding the responsibility of the family and community
- Consultation regarding the reported concern
- Referral to other resources, as appropriate
- Redirection regarding the situation, as needed

PROTECTIVE SERVICE WORKER NEEDS:

- Recognition
- Manageable workloads
- Time management flexibility
- Internal and external supports
- Consultation
- Clear understanding of Department role
- Information on community resources
- Training
- Adequate tools and equipment
- Resources

LAW ENFORCEMENT NEEDS:

- Share information about reports
- Clear understanding of the Department role
- Clear understanding of the Department response
- A clear understanding of what the Department's expectation is of law enforcement
- Possible redirection
- Written report of action
- Consultation on case situation
- Joint planning

FAMILY NEEDS:

- Recognition
- Respect
- Assessment of risk and safety of child(ren)

If the family member is reporting suspected child abuse or neglect, then he/she will also need:

- Validation for making the call or contact
- Clear understanding of the Department role
- Understanding of what the Department response will be
- What the reporter's role and responsibility should be

- Understanding of the Department's philosophy regarding the responsibility of the family and community
- Consultation regarding the reported concern
- Referral to other resources as appropriate
- Redirection regarding the situation, as needed

CHILD NEEDS:

- Recognition
- Assessment of immediate safety and risk
- Acknowledgement of special needs - relationships, security and stability

AGENCY SUPPORT STAFF NEEDS: (Anyone who is not a protective service worker)

- Information through consultation and documentation
- Assurance that information is appropriately and adequately gathered, and reporter needs are met
- Time
- Support
- Clear understanding of Department role
- Clear understanding of protective service worker's needs and role
- Information on community resources
- Training
- Adequate equipment and tools
- Information on community resources
- Adequate tools and equipment
- Knowledge and skills

SECTION II

INTAKE ON REPORTS OF SUSPECTED CHILD ABUSE AND NEGLECT

Intake Decisions

After analyzing information gathered at this stage of the CPS process, the decisions that the CPS worker makes are:

- Does the reported information meet the statutory and Department guidelines for child abuse and neglect?
- Is the source of the information credible?
- How should the Department respond to the report?
- How quickly should the response be?

To make effective intake decisions, workers must have competent interviewing skills, be aware of the information needed, know how to organize and analyze the information gathered to arrive at accurate conclusions, and be able to support reporters.

Overall Intake Responsibilities

- The worker at Intake gathers relevant information from the reporter and Department records and documents the information on N-FOCUS. The worker will attempt to gather sufficient information to:
 - Identify and locate the child(ren), parents, or primary caretaker;
 - Determine if the report meets the statutory and Department guidelines of child maltreatment;
 - Assess the seriousness of the child's situation;
 - Understand the relationship of the reporter to the family and motives of the reporter;
 - Tell the reporter what the Department's response will be; and
 - Refer the reporter to alternative resources when the Department will not be responding to the reporter's concern.
- The worker at Intake provides support and encouragement to the reporter by:
 - Explaining the purpose of CPS (to protect children and strengthen families),
 - Emphasizing the importance of reporting,
 - Dealing with the fears and concerns of the reporter, and
 - Discussing confidentiality and honestly explaining how a reporter's identity may be revealed (e.g., if court action is taken and the court orders disclosure).

- The worker at Intake checks Department records, including the appropriate data bases, to determine if the family or child has been known to the Department previously.
- The worker at Intake handles crisis situations that arise, such as:
 - Calming the reporter,
 - Determining how to meet the immediate needs of the child and family being reported, and
 - Contacting law enforcement to request an emergency response if a situation is occurring at the time of the call, a child has injuries, or if there is an indication of a life threatening situation.
- The worker at Intake forwards all suspected child abuse and neglect reports to the appropriate law enforcement agency having jurisdiction (immediately in cases demanding immediate attention, and by the next working day for all other reports), and routes information appropriately within the Department;
- When a law enforcement report is received which documents the citation, arrest, or finding of child abuse or neglect AND the Department will not be conducting an Initial Assessment (as in non-custodial perpetrators), the worker at Intake enters the names of perpetrators and victims, the case status determination and all pertinent information into the computerized data system.
- Upon completion of an assessment, the Department must provide the subject of the report with written notice of the determination of the case and whether he or she will be entered into the Central Registry. In situations where the perpetrator is a minor, said notice letter needs to be sent to the subject's parent and/or legal guardian as well as the minor. The notice must be sent by certified mail, return receipt requested to the subject's last known address and must include:
 - The nature of the report
 - The classification of the report; and
 - Notification of the subject's right to a hearing and appeal.

The form letters to be used in each case are in the Forms Section of this Guidebook.

DEFINITION OF CHILD MALTREATMENT

Maltreatment occurs when a child age birth through age seventeen (17) is physically, emotionally, or sexually harmed.

Health and Human Services will do Initial Assessments on all situations of child maltreatment by a parent, guardian, custodian or family member. HHS staff will be involved in child maltreatment investigations in foster homes, day care homes and facilities, and child caring institutions. HHS staff may serve in the limited role of entering case status determinations on the Central Register in other situations of child maltreatment (see also Guidelines for Decision Making, page 13, Intake Guidebook).

Allegations of maltreatment of children perpetrated by teachers, school personnel, counselors, therapists, doctors, nurses and others not performing such custodial caregiving responsibilities will not be assessed by the Department. These allegations will be referred to law enforcement for the investigation of possible criminal law violations. The Department will assist in the interview of the child as requested by law enforcement or as provided in the local investigation team and may enter the case status determination in the Central Register as appropriate.

Types of Maltreatment:

1. ABUSE

- **Physical.** Information indicates the existence of an injury that is unexplained; not consistent with the explanation given or is non-accidental. The information may also only indicate a substantial risk of bodily injury.

Use of physical discipline in and of itself does not necessarily constitute child abuse. Nebraska Rev. Stat. 28-1413 identifies the use of force can be used for the "purpose of safeguarding or promoting the welfare of the minor including the prevention or punishment of his or her misconduct", and force IS permissible "as long as the force does not cause or is known to create a substantial risk of causing death, serious bodily harm, disfigurement, extreme pain or mental distress or gross degradation."

The worker will need to examine the "level" of force the parent uses as well as the age and vulnerability of the child to assess if this is parental discipline or maltreatment. It is never appropriate to physically discipline an infant.

NOTE: The Department discourages the use of physical discipline. It is not allowed in child care, foster care and other Department licensed settings.

THE FOLLOWING EXAMPLES SHOULD NOT BE LOOKED AT IN ISOLATION. WORKERS NEED TO ASSESS ALL SAFETY FACTORS WHEN MAKING A DETERMINATION TO ACCEPT A REFERRAL.

Example # 1. Parent/caretaker uses an instrument to hit the child on the lower body. There is no bruising and no injury to the child. (instrument could be a hand, stick, belt, board)--- If there is no injury to the child this referral would not meet the definition of physical abuse. Again, consider age of child, object used and overall circumstances to determine risk of serious injury.

Example # 2. Parent/caretaker slaps adolescent on face, yanks adolescent by the hair and pulls their ears.---- If no injury to the adolescent this would not meet the definition of physical abuse.

Example # 3. Parent/caretaker physically restrains child by holding child's arms, laying on top of child, or shoves child against the wall.----If the level of force used by the parents does not cause an injury to the child and there are no other risk factors this referral would not meet the physical abuse definition.

Example # 4. Parent/caretaker puts tabasco or soap on child's tongue.----- Age of child and volume of substance used and harm or risk of harm to the child needs to be assessed when making a determination.

Example # 5. Parent/caretaker slaps child, leaving a red mark that has not faded after several hours, and is observed by reporting party -- this would be taken as a referral of possible abuse.

Example # 6. Parent/caretaker pushes child into wall or furniture during altercation. No injury is observable to reporter, however, child reports significant pain or difficulty in moving a limb due to the incident. A referral would be consistent with the definition of physical abuse.

- **Emotional.** Information indicates psychopathological or disturbed behavior in a child which is documented by a psychiatrist, psychologist or licensed mental health practitioner to be the result of continual scapegoating, rejection or exposure to violence by the child's parent/caretaker.

Domestic violence is the establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of abuse, but control is the primary goal of all offenders. (Massachusetts Department of Social Services, 1993).

The primary focus of NDHHS intervention in domestic violence cases is the ongoing assessment of the risk and safety posed to children by the presence of domestic violence. The preferred way to protect children in most domestic violence cases is to join with the nonoffending parents in safety planning and to hold offenders accountable.

- **Sexual.** Information indicates any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, the child or other person.

Examples of sexual abuse include, but are not limited to, fondling, sexual intercourse, sexual stimulation, incest and sexual exploitation.

2. NEGLECT

- **Emotional.** Information indicates that the child is suffering or has suffered severe negative emotional effects due to a parent's failure to provide opportunities for normal experience which produce feelings of being loved, wanted, secure and worthy. Lack of such opportunities may impair the child's ability to form healthy relationships with others.

Examples include emotional deprivation; not providing mental health services for a child when indicated or a child being shunned by peers due poor hygiene.

- **Physical.** Information indicates the failure of the parent to provide for the basic needs or provide a safe and sanitary living environment for the child.

Examples include, but are not limited to: not providing adequate food or clothing; not following medical recommendations; failure to thrive, lack of supervision which places the child at risk; parent/caretaker knowingly allowing contact between child and any maltreater; parents failure to protect a child by allowing them to be physically, sexually or emotionally maltreated by another person; driving with children in the car while seriously impaired by alcohol/drugs; engaging in dangerous activities while children are present.

- **Medical Neglect of Handicapped Infant.** The withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions.

Exceptions include those situations in which:

- The infant is chronically and irreversibly comatose;
- The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all of the infant's life-threatening conditions;
- The provision of the treatment itself under these conditions would be inhumane.

Child Abuse and Neglect Indicators

Both the injuries observed on a child and the child's behavior are factors in determining physical abuse. The following indicators are indicative, but not conclusive of physical abuse but lead the worker to investigate.

PHYSICAL INDICATORS	BEHAVIORAL INDICATORS	CARETAKER'S BEHAVIOR
Bruises and welts on the face, lips or mouth; or in various stages of healing; on large areas of the torso, back, buttocks, or thighs; in unusual patterns, Demonstrates extremes in aggression. Instrument.	Wary of physical contact with adults. Clingy and indiscriminate attachment.	Has history of abuse as a child. Uses harsh discipline, inappropriate to the child's age, trans-clustered, or reflective of behavior (aggressive/passive).
Burns (cigarettes); of glove or sock shaped burns to the hands or feet, burns on buttocks or genitalia (hot liquid other immersion); showing shape of item (iron, grill).	Offers illogical, unconvincing explanations of what occurred. Seems overprotective of the parent or the caretaker.	Apprehensive when other children cry. Misuses alcohol or drugs.
Fractures (skull, jaw, or nasal fractures); rib fractures, spiral fractures.	Drastic behavior change in and out of parents' presence.	Significantly misperceives child (e.g., sees him as a devil, monster)
Lacerations and abrasions. Bite marks. Hits or verbally abuses child in front of others.	Attempts suicide, self-mutilates, or has school behavioral problems, run away, or drinks/uses drugs.	Attempts to conceal child's injury or to protect identity of person.

Bruises and welts on the face, lips, or mouth; or in various stages of healing; on large areas of the torso, back, buttocks, or thighs; in unusual patterns, Demonstrates extremes in aggression. instrument. Burns (cigarettes); of glove or sock shaped burns to the hands or feet, burns on buttocks or genitalia (hot liquid other immersion); showing shape or item (iron, grill).Fractures (skull, jaw, or nasal fractures); rib fractures, spiral fractures. Lacerations and abrasions. Bite marks. Hits or verbally abuses child in front of others. Wary of physical contact with adults. Clingy and indiscriminate attachment. Offers illogical, unconvincing explanations of what occurred. Seems overprotective of the parent or the caretaker. Drastic behavior change in and out of parents presence. Attempts suicide, self-mutilates, or has school behavioral problems, run away, or drinks/uses drugs. Has history of abuse as a child. Uses harsh discipline, inappropriate to the child's age, or reflective of behavior (aggressive/passive).Apprehensive when other children cry. Misuses alcohol or drugs. Significantly misperceives child (e.g. sees him as a devil, monster). Attempts to conceal child's injury or to protect identity of person.

Indicators of Neglect

Indicators suggesting child neglect may be physical, emotional or behavioral. Possible indicators of child neglect include:

- Consistent and regular hunger, begging for or stealing food, hoarding or binging on food;
- Unkempt physical appearance, poor hygiene, and inappropriate dress;
- Lack of supervision;
- Delays in physical development;
- Unattended physical problems or unmet medical needs (had the parent been informed of the child's need or problem by a competent professional, or would the child's need have been apparent to most reasonably caring attentive adults?);
- Abandonment;
- Undue fatigue, listlessness, falling asleep at times that are inappropriate, or other obvious medical signs;
- Extreme affect (excessive sadness or inappropriate happiness or acting out behavior);
- Undue anxiety or extreme focus on basic survival needs.

Indicators of Child Sexual Abuse

A child's behavior may directly indicate or strongly suggest that he or she is a subject of sexual abuse. Although the presence of some of these indicators may be indicative of abuse, they are not conclusive and may be reactions to other life events such as parents divorce, peer conflicts or medical conditions. Indicators of sexual abuse may include the following:

- Difficulty in walking or sitting;
- Torn, stained, or bloody underclothing;
- Pain, swelling or itching in genital area;
- Pain on urination;
- Bruises, bleeding or lacerations in external genitalia, vaginal or anal areas;
- Venereal disease, (especially in preteens);
- Vaginal/penile discharge;
- Pregnancy;
- Poor sphincter tone;
- Encopresis or enuresis;
- Overly compliant behavior;

- Acting out behavior;
- Pseudomature behavior;
- Hints about sexual activity;
- Persistent and inappropriate sexual play with peers or toys or with themselves
- Sexually aggressive behavior with others;
- Detailed and age-inappropriate understanding of sexual behavior;
- Arriving early at school and leaving late with few, if any, absence;
- Poor peer relationships or inability to make friends;
- Lack of trust, particularly with significant others;
- Nonparticipation in school and social activities;
- Inability to concentrate in school;
- Sudden drop in school performance;
- Extraordinary fear of males;
- Seductive behavior with males;
- Running away from home;
- Sleep disturbances;
- Regressive behavior;
- Withdrawal;
- Clinical depression;
- Suicidal feelings.

Sources: "Handbook of Clinical Intervention in Child Sexual Abuse," by Suzanne M. Sgroi, M.D. and "A Sourcebook for Child Protective Service Workers, Law Enforcement Officers and Licensing Specialists," by Boys Town, 1987.

Referrals Alleging Domestic Violence

The purpose of this guidebook section is to provide additional guidance to assist staff in making decisions regarding the screening of referrals where domestic violence is identified.

Domestic violence is the establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of abuse, but control is the primary goal of all offenders.

The primary focus of NDHHS intervention in domestic violence cases is the ongoing assessment of the risk and safety posed to children by the presence of domestic violence. The preferred way to protect children in most domestic violence cases is to join with the nonoffending parent in safety planning and to hold offenders accountable.

The problems of woman abuse and child maltreatment are closely related. Screening for battering in all referrals will help protect children and help their mothers acquire the tools they need to protect themselves and their children. In all referrals, workers should attempt to determine:

- whereabouts of the children during incident(s) and currently
- were children or mother injured
- frequency and severity of incidents
- whether weapons were involved
- past and current steps taken to ensure safety for both mother and children
- history of domestic violence/abuse involving other partners

Reports alleging the deliberate injury of children, or “accidental injury” while intervening in a domestic violence situation, or injury by flying debris thrown during the incident, or where young children are in the domestic violence victims arms during the battering, will be accepted as referrals of child abuse. The person who caused the injury to the child would be held accountable as the alleged perpetrator of the abuse.

Although research shows that there is a high correlation between domestic violence and child maltreatment, the witnessing of domestic violence by a child in and of itself does not constitute a report of child neglect. Before accepting such a referral the worker shall ask a series of questions to determine if the witnessing has resulted in the child exhibiting behaviors which may be described as psychopathological or disturbed. These behaviors may exhibit themselves as a change in the child’s normal behaviors or extremes of the following behaviors: aggression, hostility, anxiety, social withdrawal, depression, or regressive behaviors. The child may express fear for injury to self and siblings, fear for parents safety, or be experiencing nightmares. In such cases a referral of emotional abuse shall be accepted with the caretaking adults listed as the possible perpetrators.

Examples of psychopathological or disturbed behavior:

1. Child who is modeling the behavior of the batterer and is physically and verbally abusive toward mother.
2. Child who is physically abusive toward or is killing animals.
3. Child who is experiencing frequent night terrors.

In situations where the reporting party does not have sufficient information regarding the family, collateral contacts; such as law enforcement, schools, services providers, etc. will be made to help make the screening decision.

DESCRIPTION OF INTAKE WORKER ACTIVITIES

The following steps are performed by the worker at Intake:

1. Elicit all available information regarding the family and circumstances of the suspected maltreatment and record on the Intake Worksheet. If the family's address is unknown, contact with collaterals including but not limited to the following: law enforcement, probation officer, school, physician, relative, neighbor, employer, utilities, service providers, N-FOCUS and caseworkers will occur to try to identify and locate the parties.

If the reporter provides insufficient information upon which to identify or locate the parties of concern or the PS worker is unable to locate a name or address then the information will be documented on the Intake Report and the case will not be assigned for further assessment. The PS worker should always make a "Good Faith Effort" to locate parties being reported before screening out the report.

A "Good Faith Effort" has been made when all reasonable methods to locate the parties of interest have been utilized and documented in the case file. This will include making contact with the above mentioned collaterals

- If the report is a law enforcement report of alleged maltreatment, review the report to see if the circumstances warrant CPS involvement.
2. Check the information system for any prior CPS records (Job 075 and N Focus) and any other relevant information on the family (ADC, Food Stamps, Child Support, etc). Review prior information. The current referral should be taken in context with prior referrals. Give specific attention to any prior case status determination of "unable to locate". This indicates that previous allegations have not been addressed and may warrant attention as part of the current intervention. Factors to consider in determining whether or not to do so may include:
 - length of time which has elapsed between the interventions
 - the severity of the past and present allegations
 - the degree of similarity between the situations
 3. Determine if the allegations indicate harm or serious risk of harm from maltreatment by the parent, or other person. The victim or person at risk must be age birth through age seventeen (17). (Pre-natal cases are not accepted for assignment to the Department). Allegations which meet the maltreatment definitions should be accepted for Initial Assessment.
 - Risk of child maltreatment will depend upon several factors, including child's age, child's physical and cognitive ability, family history of abuse or neglect, abuse of other siblings, family members relationship with each other, and will vary with each family situation.
 4. Explain to the reporter what the Department's role is and clearly relate how the Department will respond to the reporter's concern (such as, will be assigning for assessment, will not be assigning, are referring reporter elsewhere).
 - If the worker at Intake needs to consult or check out information prior to determining what action is to be taken, then the reporter should be called back with a definite response or asked to call back if they are unwilling to leave their name or number.
 5. If a report does not meet the child maltreatment definitions then inform the reporter and refer the reporter to appropriate alternative resources. (See Guidelines for Decision-

Making page 13). Record the information on the Intake Worksheet noting the report is screened out along with the reason for screening out the report.

6. If the report meets the child maltreatment definition, weigh the information according to risk and safety factors to determine the urgency of the Department's response.

If an immediate response is indicated:

- Notify the appropriate law enforcement agency immediately (by phone) and request that they respond immediately.
- Determine whether your office is able to assign a CPS Worker to respond immediately.
- If a CPS Worker is also responding, arrange for the worker and the law enforcement officer to coordinate their contacts.

If an immediate response is not required:

- Determine the appropriate response time.

7. Check with appropriate law enforcement agency for pertinent records if indicated.
8. Input the information into the computer system
9. If the allegations involve a licensed or approved day care home or foster home, share a copy of the Intake report with the appropriate licensing specialist and resource development staff involved in approving child care services in the Service Area. Share information with PS Workers with responsibility for children placed in the home. If the information indicates emergency action is necessary, notify each by phone immediately to inform and coordinate necessary action.
10. Share a copy of the Intake Report with the appropriate law enforcement Department by the next working day.
11. Forward the accepted report to the designated PS Supervisor in the office for assignment.

Special Circumstances

If the alleged maltreatment occurred in another office area within the State or the family resides in another Department office area, then the worker at Intake will need to ensure that the Intake report is shared immediately (through electronic mail and via phone call) with the other office.

If the alleged maltreatment occurred in another state or the family resides in another state, the worker will notify the appropriate child protective representatives in the other state.

NOTE: If at any time there is uncertainty about the action to be taken or unusual circumstances exist, consultation should be sought with the worker's supervisor.

GUIDELINES FOR DECISION-MAKING

At Intake a report is either accepted for Initial Assessment or is screened out for Initial Assessment. A case is screened out if a decision is made that the data collected does not constitute child maltreatment or risk of child maltreatment.

1. Guidelines for Accepting Referrals for Initial Assessment

The Department of Health and Human Services will conduct assessments of allegations of child maltreatment by a parent or custodian, caregivers in day care homes, and other residential care facilities where they are responsible to provide for or to oversee the physical care of children.

Allegations of maltreatment of children perpetrated by teachers, school personnel, counselors, therapists, doctors, nurses and others not performing such custodial caregiving responsibilities will not be assessed by the Department. These allegations will be referred to law enforcement for the investigation of possible criminal law violations. The Department will assist in the interview of the child as requested by law enforcement or as provided in the local investigation team and may enter case status determinations in the Central Register as appropriate.

While a report may not meet the criteria for Department of Health and Human Services involvement, the reporter may need assistance in obtaining information or help for the family of concern. The worker can assist in these instances by being familiar with community and Department services and referring or connecting the reporter to alternatives for help.

NOTE: It is important to remember that anytime a report involves suspected abuse or neglect, the appropriate law enforcement agency always needs to be notified by CPS regardless of the Department's involvement.

2. Guidelines for Determining No Contact Beyond Intake

- A. If the worker at Intake receives a child abuse report from law enforcement indicating no maltreatment, the worker will review the report to determine if risk or safety or both concerns are present. If the concerns exist, the report will be accepted for Initial Assessment. If no risk or safety concerns exist, the worker will close the referral with the status reason "law enforcement only" and enter the finding as "unfounded". This requires a letter to be sent to the alleged perpetrator. The worker will document information from the law enforcement report supporting the unfounded entry. The preference is to enter the documentation before the intake is closed. This documentation would be entered in the intake narrative under "contact short of assessment". If the intake is closed, documentation can occur in the allegation narrative under "worker initiated" consultation point. All documentation will include supervisor consultation as to not completing an initial assessment and following protocol.
- B. If information is received in a law enforcement report, and the alleged perpetrator of the maltreatment to the child is a person who is outside of HHS's responsibility for assessment; for example, a stranger, school personnel, or neighbor; the law enforcement report may be sufficient to record a case status determination and no further assessment may be needed. Close the intake as "law enforcement only" and enter the appropriate findings. This requires a letter to be sent to the alleged perpetrator. The worker will document information from the law enforcement report supporting the findings. The preference is to enter the documentation before the intake is closed in the intake narrative under "contact short of assessment". If the

intake is closed documentation can occur in the allegation narrative under "worker initiated" consultation point. All documentation will include supervisor consultation as to not completing an initial assessment and following protocol.

Reminder: The worker needs to determine that the parent or caretaker were not neglectful or did not contribute to the maltreatment of the child.

Example: A law enforcement report regarding the sexual abuse of a child by a person unknown to the parents. The parents are protective of the child and appropriate in their follow through in obtaining therapy for their child. The referral would be entered from information in the law enforcement report and the appropriate status determination made.

- C. If the information indicates a delayed report or isolated incident of child abuse/neglect, but the information indicates no safety or risk factors to the child. Close the intake as "risk not indicated". Document decision reasoning for screening out the referral on the intake narrative.

Example: A counselor reporting past sexual abuse of a child by a former live-in boyfriend of the mother. A law enforcement investigation would be indicated, but if the child is in therapy and the parent is acting responsibly at the time, contact by CPS may not be indicated beyond the referral of the report and the subsequent entry of the law enforcement finding on Central Register

- D. If the information in the referral is clearly inaccurate and the inaccuracy is verified by a credible witness, preferably these intakes would be closed as "maltreatment not indicated". Document in full detail the follow-up contact under the intake narrative "contact short of assessment". If the intake was already "accepted for initial assessment" a finding of unfounded will be entered which requires a notification letter to be sent to the alleged perpetrator, and a completion of the abbreviated initial assessment as found in the Initial Assessment Guidebook under Analyze Information For Decision Making Part A. Document supervisor consultation and agreement that it is not necessary to follow protocol and complete an initial assessment.

Example: Information is received that a child has a suspicious black eye and when the school is contacted, the school nurse determined that the child had used some of her mother's eye makeup and the marks wash off. The details of the situation should be well documented and no further assessment would be indicated.

Action On Unfounded Law Enforcement Reports:

A law enforcement investigation is not a substitute for risk assessment. Information contained in law enforcement reports may be used in completing a risk assessment. Protection and Safety staff need to do a risk assessment on all reports of abuse and neglect by family or household members. Since the focus of law enforcement investigations is to determine violation of criminal law, a risk assessment needs to be completed on law enforcement reports classified as unfounded if risk of maltreatment factors are identified during the investigation. An Initial Assessment should be completed on these cases.

3. Guidelines for Referring Reporter to Another Agency

- Allegations of maltreatment of children perpetrated by teachers, school personnel, counselors, therapists, doctors, nurses and others not performing custodial caregiving responsibilities as stated in "Guidelines for accepting referrals for Initial Assessment" will not be assessed by the Department. These allegations will be referred to law enforcement for the investigation of possible criminal law violations. The Department will assist in the interview of the child as requested by law enforcement or as provided in the local investigation team.
- If the information does not clearly meet the definition of child abuse and neglect but indicates some level of risk to a child, and another agency exists to deal with such concerns, the caller of the report should be referred to the appropriate agency.
- Sometimes the caller is reporting information which falls outside of the scope of Protection and Safety. In these cases the reporter might need referral to community resources to address the concern.

Example #1. A call reports a family without housing or sufficient income to purchase sufficient food for their family.

A referral to Department emergency assistance or community programs to assist with food and shelter may be the best response. Inadequate income is not neglectful, unless the family refuses to use available resources.

Example #2. A caller reports a child living in a home which contains fire hazards or the improper storage of explosive materials.

These cases are best referred to the State Fire Marshall or local law enforcement as the Department with expertise to deal with the allegation. If the Department found dangerous living conditions and the parent refused to cooperate, child neglect would be indicated and further action necessary.

Example #3. A report is received of an isolated domestic violence episode between two parents in which the children were not present

While violence between parents is a risk influence, it may not always involve child maltreatment.

Example #4. A parent needing emergency temporary child care to deal with a personal illness or crisis might best be referred for emergency respite child care or child care assistance through the Department of Health and Human Services' child care program.

NOTE: If no emergency respite, relatives or private short-term care facilities exist in the community, then an Intake for Families with Dependent Children process should be followed.

POLICY ON CONFIDENTIALITY AND RELEASE OF INFORMATION

The identity of the person who reports suspected child abuse and neglect is confidential and is only to be released to the appropriate law enforcement Department, the county attorney or when directed to by court order. A reporter should be advised that if court intervention is necessary, it may be necessary for the reporter to testify in court if they have direct knowledge of the alleged abuse or neglect.

Each person who reports a concern to CPS is entitled to know what the Department's response will be. In cases where a report will be assigned for an Initial Assessment, the caller can be told that the family situation will be assessed. In those cases where the concern is not within the scope of CPS and will not be assigned for Initial Assessment, the reporter should be told so.

To preserve the confidentiality of children and families, no other circumstances of the family can be shared with the reporter, unless the reporter fits the exceptions listed below. Generally (unless fitting the exception), if a reporter inquires as to specific information on a family, the reporter should be told that state statute prohibits the Department from disclosing confidential information.

Exception: Nebraska statutes state that, if a physician, or person in charge of an institution, school, facility, or Department makes a legally mandated report, they are entitled to receive a summary of the findings of the assessment and actions taken by the Department in response to their report. The reporter can be informed as to whether the family is receiving services. Other information is not to be released to the reporter unless it relates directly to the reporter's professional relationship with the child or family.

Sometimes non-custodial parents contact the Department to ask if allegations have been made about the custodial parent or a parent wants information about an investigation being conducted on the other parent. The only time the Department can make information available to the non-custodial parent is when she/he is the subject of the report.

NOTE: For more information refer to the Court and Legal Guidebook for Child Abuse, Neglect, Dependency, and Status Offenders

NOTICE TO SUBJECT

Nebraska Revised Statute 28-722 provides that the subject of a report may receive information recorded on the Central Register, excluding the name of the reporting party. The Department has interpreted this to mean that the subject of a report is entitled to information recorded on the computer screens of Central Register excluding the name of the reporting party. Written notice to the subject is required. This notice will be sent once the determination of the case has been made. (See Initial Assessment Guidebook.)

If a person requests that information on Central Register be changed or removed, they should be directed to the CPS Program Specialist at the State Central Office.

State statutes applying to confidentiality of child abuse/neglect reports and records are: Neb. Rev. Stat. 28-719; 29-722; 28-725; 28-726; 28-727.

SECTION III

PROTOCOL FOR THE CHILD AND ADULT ABUSE AND NEGLECT REPORTING HOTLINE

The Child and Adult Abuse and Neglect Reporting Line is a twenty-four hour hotline established to receive information about cases of suspected child or adult abuse and neglect. Hotline calls are handled by trained contracted providers.

The following protocol was developed to guide the handling of calls coming through the Hotline.

Hotline Decisions

By design, contracted providers do not screen reports to the Hotline, but are expected to gather accurate and detailed information from reporters. Contracted providers are expected to transmit that information to local law enforcement agencies by telephone, and to transmit the information to local Department offices electronically. Hotline reports are then handled by the local office as a report of suspected abuse or neglect.

After gathering case information, the Hotline providers are expected to make specific case decisions about notification. The Hotline providers will make the following specific decisions:

- Is the victim in immediate danger?
- Does law enforcement need to be notified immediately?
- Which local Department office should be notified of the case information?

The Hotline providers need to have competent interviewing skills, be knowledgeable about the types of information needed on a report of suspected child or adult abuse or neglect, knowledge about child and adult abuse and neglect, and an ability to organize thoughts, information and action on cases.

Overall Hotline Responsibilities

The Hotline providers are expected to maintain a log of all incoming calls, and to document the disposition of those calls in a manner requested by the Hotline Supervisor. The Hotline Log will be maintained by the Hotline Supervisor for twenty-four months before being destroyed.

1. Child Abuse Cases:
 - a. Gather accurate and complete information from callers about suspected child abuse cases, using the Intake Worksheet.
 - b. Document information about the caller, including name, relationship to the family, and possible motivation for the call.
 - c. Enter case data into the computer, sending the information to the appropriate Department Local Office within the State of Nebraska, using the 075, Central Registry System.
 - d. Contact the appropriate law enforcement agency by telephone whenever it appears a child may have injuries related to suspected child abuse, or that a child is in immediate danger, or is at high risk for continued abuse or neglect.
2. Adult Abuse Cases:
 - a. Gather accurate and complete information from callers about suspected adult abuse cases using the APS Intake Worksheet.
 - b. Enter case data into computer, sending information to the appropriate Department Local Office within the State of Nebraska, using Office Vision Document provided by APS Administrator.

- c. Contact the appropriate law enforcement agency by telephone whenever it appears a vulnerable adult may have injuries related to suspected adult abuse, that an adult is in immediate danger, or that a crime has been committed against a vulnerable adult.
3. Facility Reports:
Care facilities, both residential and non-residential facilities, notify the Hotline in cases of suspected child or adult abuse perpetrated by staff. In addition, reports are received by the Hotline in cases of unexplained injury to a child or vulnerable adult in a care facility.
The Hotline is responsible to:
 - a. Gather case information using the APS or CPS Intake Worksheet.
 - b. Enter APS case data into the computer, to be sent to the appropriate Department Local Office with a copy to the Health Department, using the Office Vision Document created by the APS Administrator.
 - c. Notify law enforcement when an adult or child may be in immediate danger, or when a crime may have been committed.

Local Office Responsibilities

Each local office will designate one individual to be responsible to review incoming reports daily from:

1. 075, Central Registry Hotline Mailbox.
2. Office Vision Documents electronic mail.

After locating new reports from the Hotline, each local office will:

1. Make a screening decision about the appropriateness of the case. It should be noted earlier that contractors don't make screening decisions.
2. Process accepted case information according to local office policy.
3. Notify the appropriate law enforcement agency of cases which don't indicate a telephone contact has previously been made by the Hotline contractor.

Description of Hotline Provider Activities

1. Elicit all information regarding the family and circumstances of the suspected maltreatment. Record the information on an Intake Worksheet.
2. Determine if the allegation indicate current injury to the child(ren) or if the alleged perpetrator has continued access to the child(ren), or if there is high risk for injury to the child(ren).
3. Contact the appropriate law enforcement agency when child(ren) appears at high risk for injury or is in a life-threatening condition.
4. Document the call, including information about the caller on the Hotline Log Sheet.
5. Determine if allegation indicate a vulnerable adult has been injured, is at high risk for injury, or is living in life-threatening conditions.
6. Contact the appropriate law enforcement agency when the above conditions exist.
7. Enter case date into the computer, using either the 075, Central Registry system or the Office Vision Document system.

8. Hotline Providers work from their home on a frequent basis, including every night, from 11:00 p.m. to 8:00 a.m. All reports of alleged child/adult abuse or neglect are to be called into the Hotline the next shift that someone is working in the designated building. The contractor receiving reports from other contractors are responsible for the computer data entry of those reports.
9. Hotline providers are expected to deliver all Hotline Logs and notes to the Hotline Supervisor.
10. The Hotline provider is expected to provide other supportive services to the Department determined by the Supervisor and Department Administrator.

Hotline Supervisor Responsibilities

- a. Hire and train Hotline providers.
- b. Provide direct supervision of Hotline;
- c. Be available to answer Hotline provider's questions on an emergency basis, including providing back-up supervision in the Hotline Supervisor's absence
- d. Provide access to written and computer materials.
- e. Provide access to information about current laws, agency policies, local law enforcement agencies and Department local office.
- f. Provide reimbursement system for Hotline providers to be paid, and to be reimbursed for expenses, such as long distance telephone calls from home.

SECTION IV

INTAKE FOR FAMILIES WITH DEPENDENT CHILDREN

Definition of Family with Dependent Child

A family as has a dependent child if no child maltreatment has been identified, the child is age 17 or younger, AND the parents or legal custodian is or will be unable to care for the child through no fault of their own due to:

1. Parent incapacity or absence: parent/custodian has an acute or persistent mental or physical condition which prevents him/her from parenting the child adequately, or parent is dying or is dead, is incarcerated, hospitalized or otherwise unavoidably unable to provide care.
2. Child's extraordinary mental health, emotional or physical needs which the parent does not have the ability or capacity to meet.

NOTE: The Department will not initiate state wardship of a child as a way of paying for psychiatric care for children. When families are seeking assistance from the Department for payment of such services only, the family needs to be referred to public assistance for a determination of the family's eligibility.

Families with dependent children come to the attention of the Department in several ways. Sometimes, families themselves call as they confront a crisis such as hospitalization for an illness or injury, incarceration, or a special care need of their child. Sometimes people outside of the family call to report concerns about a family's situation. Another way a family becomes involved is through a court order finding a child to be dependent and in need of services of the Department.

In all cases other than those ordered by the court, the family needs to make a request for services in order for the Department to become involved with a family on the basis of dependency.

NOTE: If a child abuse or neglect is being described and reported or identified by the worker at Intake then the Intake should be handled as an Intake for suspected child abuse or neglect, and not as an Intake on a dependent child.

Decisions Made at Intake

After analyzing information gathered at this stage of the CPS process, the decisions that the worker at Intake makes are:

- Does the family meet the Department's definition of having a dependent child?
- How should the Department respond to the report?

To make effective intake decisions, case workers must have competent interviewing skills, be aware of the information needed, know how to organize and analyze the information gathered to arrive at accurate conclusions, and be familiar with Department and community resources and programs that can assist in supporting a family.

Responsibilities of Worker at Intake

1. The worker at Intake gathers and documents relevant information from the reporter. Information includes, but may not be limited to:
 - a. Identity and location of child, all legal and biological parents and primary caretaker;
 - b. Family perception of presenting problem;
 - c. Whether there are concerns about child maltreatment;
 - d. Attempts by the family to deal with the problem, including any current services and whether the child is in the custody of any other Department/Department;
 - e. Family resources to address problem - financial and placement possibilities;
 - f. Family's willingness to be involved with services;
 - g. Outcome family wants to achieve.
2. Decision is made as to whether the child or family fit definition of dependency.
3. Family/reporter is informed of Department's policy, philosophical base and what the Department's response will be.
4. Reporter is informed of Department services that family might be eligible for and refer to community services as appropriate.
5. If case information meets the definition of a family with a Dependent child, then the case information documented will be forwarded to the designated supervisor for assignment for assessment.

Guidelines to Determine Department Response

To promote family self-sufficiency and continuity for children, consideration will always first be given to assisting families utilize parent, family and community resources. Only when family resources and community resources are not appropriate or available to meet the family need will the Department's CPS intervention be considered.

To determine that Department Protective Service intervention are needed the worker should make the five following determinations:

1. All legal/biological parents have been contacted about their responsibility to provide care and they are clearly inappropriate for, or incapable of, providing care to the child.
NOTE: Legal and biological parents have a legal and moral responsibility to provide for the care of their children. Even if they are not capable of physically caring for their children, they will be obligated to assist with the financial costs of care of their children. Parents should be informed that the Department will pursue financial support.
2. All reasonable means short of Department Protective Services have been explored and will not meet the need of the child and such has been documented.
3. The possibly of relatives providing care to the child have been explored.
4. All community resources which might assist with the care of the child have been explored including respite care, child care programs, private placing agencies, etc.
5. All other Department programs have been considered such as MR Waiver, financial assistance programs, financial assistance with child care, chore services, transportation services, family support services, etc.

Once the above determinations have been made, the worker should also consider the following:

- What does the parent/caretaker want to achieve by involving Department services?
- Does the parent/caretaker plan to be actively involved to resume care of their child or provide for a permanent placement for the child?
- What is the parent's willingness to be involved in services with the Department?

Determining Department Response

Using the above guidelines, the worker determines the Departments response to referral. The following are the usual Department responses to the decisions made at Intake.

If the worker at Intake determines:

1. The family has not explored or made use of available family and community options.

DEPARTMENT RESPONSE: The parent/custodian is provided with consultation, information and referral to appropriate resources.

2. Adequate care of the child involved can be achieved without Department CPS involvement.

DEPARTMENT RESPONSE: The family is advised of and connected with other appropriate Department or community resources.

3. The child is dependent as defined and no service or action short of the CPS intervention will resolved the care needs of the child.

DEPARTMENT RESPONSE: The intake referral is accepted and sent to the designated supervisor for assignment for First Assessment.

NOTE: The Department **WILL NOT** open a voluntary services case for purposes of paying for a hospitalization or residential treatment for psychiatric problems.

4. A court order placing a child into the custody of the Department or ordering Department services is received.

DEPARTMENT RESPONSE: The case is sent to the designated supervisor for court order review and assignment for First Assessment.

SECTION V

INTAKE FOR FAMILIES WITH STATUS OFFENDER CHILDREN

Definition of Family with Status Offender

In order to consider a family as having a child with status offender behaviors, there must be no child abuse/neglect identified, AND the child's behaviors are violations of statutes that only pertain to juveniles, such as truancy or running away from home. Status offender behaviors are those which are problematic for youth and their families, but which if engaged in by someone over the age of 18 would not be a violation of the law. Status offense is a legal determination and requires a court finding of child to be a status offender under Nebraska Statute 43-247, Subsection 3b and a legal order for the Department of Health and Human Services to intervene.

A Word About Placement of Status Offenders

Families with children who experience behavior problems like truancy, running away from home, and not following their parents rules and expectations sometimes come to the attention of the Department when the parents call asking for help or placement of the child. Sometimes schools or other community members call to seek placement for the child. At times children themselves may call to request placement or help due to conflicts with their parents.

In keeping with the Family Policy Act and the philosophical base of least intrusive service provision, it has been the long-standing written policy of the Department that children with status offender type behaviors, who are not at risk of child abuse or neglect will not be placed out of their home or allowed to remain in out of home placement. The harm created when a family is disrupted is significant. The likelihood that the family issues creating the tension will be addressed drops significantly in most cases, when the targeted child is removed.

Also when a parent/custodian contacts the Department to request court intervention or services regarding a child with status offender type behaviors and there is no current evidence of abuse or neglect, the Department will not make a referral to the county attorney, but will instead advise the parent of options for services in the community. The parent should be advised that if they participate in the identified community services and continue to experience difficulty in managing the child's behavior, then they may themselves contact the county attorney to discuss a court filing.

The focus of the Department in working with status offenders is to assist the family to arrange services to support and empower the parents in understanding, the causes of the child's behavior, and assisting the family in making a plan to better manage the child's behavior.

Decisions Made at Intake

1. Does a court order exist adjudicating the child to be a child under Nebraska Statute 43-247, Subsection 3(b) which orders the Department of Health and Human Services to be involved?
2. If an inquiry for assistance is being made on a family and no court order exists adjudicating the child to be a Status Offender, then where is the family best referred for services and information?

NOTE: If child abuse or neglect is being reported or identified by the Intake worker then the matter should be handled as an Intake in suspected child abuse and neglect.

To make effective Intake decisions, protective service workers must have competent interviewing skills, be aware of the information needed, know how to organize and analyze the

information gathered to arrive at accurate conclusions, and be familiar with Department and community resources and programs which can assist in supporting families.

Responsibilities of the Worker at Intake

1. The worker at Intake gathers and documents relevant information from the reporter which includes, but may not be limited to:
 - a. Identity and location of child, all legal and biological parents and primary caretaker;
 - b. Reporter's perception of presenting problem;
 - c. Any concerns about child maltreatment;
 - d. Attempts by the family to deal with the problem, including any current services and whether the child is in the custody of any other agency/ Department;
 - e. Family resources to address the problem - financial and extended family, community based supports (e.g. family or friends to assist with respite and emotional support);
 - f. Family's willingness to be involved with services; and
 - g. Outcome reporter wants to achieve.
2. A determination is made as to whether there is currently a court order adjudicating the child to be a status offender and an order that the Department provide services.
3. In the absence of a court order, the worker provides information about the Department's role with the family and the Department's policy on services to status offenders to the reporter.
4. The worker refers the reporter to appropriate services in the community.
5. If a court order is received, the court order along with any other Intake information is forwarded to the designated supervision for assignment for First Assessment. Sometimes the only Intake information is the Court Order.

Guidelines to Determine Department Response

The following are guidelines for determining the Department's response to reports made concerning children with behavior problems.

1. A court order is received which shows an adjudication of a child as a status offender (under Nebraska Statute 43-247, Subsection 3(b) and which orders that the Department of Health and Human Services provide services.

DEPARTMENT RESPONSE: The case is immediately given to the designated supervisor for assignment for First Assessment.

2. The child of concern is already a state ward receiving protective services through the Department.

DEPARTMENT RESPONSE: The concerns will be given to the protective service worker assigned to the case for handling.

3. No court adjudication exists that the child is a status offender, but it appears from the information presented that the child's behavior is truly ungovernable, AND the parents or custodians have exhausted all community resources.

DEPARTMENT RESPONSE: The parents should be advised to contact the county attorney to discuss the filing of a court petition. It is the parent or custodian's responsibility to follow through on action with the county attorney if they believe they are unable to control the behavior of their children. The Department will not initiate filings on children as status offenders.

4. The reporter alleges that a child has behavior problems but is not reporting any child abuse or neglect, and the child is not a ward of the Department.

DEPARTMENT RESPONSE: The reporter should be referred to resources in the community which might assist the family in dealing with the child's behavior.

5. The parent or custodian refuses to engage in services to deal with the child's behavior.

DEPARTMENT RESPONSE: The worker should determine whether the parent's refusal constitutes emotional or physical neglect of the child. In general, there should be a strong indication that the child will experience significant risk o harm from the parent's refusal to cooperate. (See Guidebook for Intake on Child Abuse and Neglect). If the parent(s)' behavior is determined to be neglectful, then the report should be handled as an accepted Intake report of child abuse and neglect.

6. Criminal behavior of a child is alleged.

DEPARTMENT RESPONSE: The reporter is referred to the appropriate law enforcement agency to report the crime.

SECTION VI

INTAKE ON REQUESTS TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS

Departmental Policy on Voluntary Relinquishment

The Department will provide adoptive support services to families seeking to relinquish parental rights only after the family has contacted and been turned down for adoption services by private social service agencies; or when the child is a ward of the Department and the family is currently receiving protective services and adoption is the plan established for the child.

The Department will not accept a request for relinquishment of a teenager unless the child and family have been receiving services through the Department and there is a plan for adoption.

Guidelines to Determine Departmental Response

The following guidelines should be used to determine the Department's response to calls about relinquishment of children.

1. If the worker determines that child is severely disabled, the family should be advised of appropriate community services and agencies services that could assist them to care for child.
2. If family requests relinquishment of a healthy newborn, the family should be referred to community support services and private adoption agencies.
3. Request for relinquishment of teenagers are not accepted unless the Department has adoption plans for the child and the child is already in an adoptive placement.

If any of the above three situations exists then:

DEPARTMENT RESPONSE: Referral to Community Services.

4. If the family has exhausted all community services;

DEPARTMENT RESPONSE: Referral to specialized adoptive support services.

5. If the child is a ward of the Department or the family is receiving services from child protective services;
6. If the child is severely disabled requiring a medical subsidy, and the family has been denied services by private agencies;
7. If there is an adoption plan for a teenager, and supportive Department services may be needed; then

DEPARTMENT RESPONSE: Referral to specialized adoptive support services.

SECTION VII

PROCEDURES FOR CHILD WELFARE EMERGENCY ASSISTANCE FOR FAMILIES PROGRAM

Definitions

For use within EA, the following definition of terms will apply unless the context in which the term is used denotes otherwise:

Applicant: Person on whose behalf application is being made.

Authorization Period: The 30-day period following application for EA.

Catastrophic Illness: An illness in which inpatient hospitalization is required, excluding childbirth, optional surgery, diagnostic work-ups, and services not included in Title XIX coverage.

Child Welfare Crisis: A circumstance, or combination of circumstances, which result in the need for protective services by NDHHS or out-of-home placement in custody of NDHHS or another state agency that has an interagency agreement with NDHHS related to EA. The crisis must be the result of one of the following:

- Abuse, neglect, or abandonment of children, or family violence.
- Children who are in emergency situations where continued presence in the home is not in the best interests of the child.
- Removal and/or risk of removal and/or continued need for out-of-home placement of a child due to an allegation of abuse or neglect; abandonment; or judicial determination of dependency, delinquency or status offense.
- Risk of return of an adopted child or a child in a subsidized guardianship situation to foster care due to behavioral, medical, or special needs of the child.

Destitution: Lack of the necessities of life including but not limited to food, shelter, and medical care resulting from an emergency situation.

Domestic Abuse Crisis: A circumstance, or combination of circumstances, which result in physical or emotional mistreatment or the fear or continued fear of physical or emotional mistreatment of a family member.

Domestic Violence Project Personnel: Staff employed by Domestic Violence Projects under contract to the Nebraska Department of Health and Human Services.

Emergency: A sudden and urgent situation requiring immediate action.

Financially Responsible Adult: The following are considered financially responsible adults:

1. A spouse; or
2. The parent or stepparent of a child age 18 or younger.

Gross Monthly Income: The earned and unearned income determined to be available to an applicant. Earned income includes gross (before taxes, FICA, or other potential withholdings from earnings) wages, tips, salary, self-employment income, etc.. Unearned income includes but is not limited to -

1. Retirement, Survivors, and Disability Insurance (RSDI);
2. Railroad Retirement;
3. Supplemental Security Income (SSI);

4. Aid to Dependent Children (ADC);
5. Assistance to the Aged, Blind, or Disabled (AABD);
6. Veteran's or military service benefits;
7. Unemployment Compensation or disability insurance benefits;
8. Disability benefits paid by the employer;
9. Child or spousal support; and
10. Contributions (Note - If a self-supporting member of the household is paying the entire expense for shelter the worker uses the figure from Emergency Assistance Income and Payment Limits in Intake Guidebook, Section VII. If the client states that the self-supporting individual is paying a share of the shelter expenses, it is not counted as income to the client.

Presumptive Eligibility: A situation where it is "presumed" that a child is eligible for Title IV-A/EA services because s/he requires immediate services to begin the alleviation of a child welfare and/or a domestic violence emergency.

Specified Relative: A relative with which a child must be living or have been living within six months prior to the month in which EA is requested. A child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, second cousin, nephew or niece. These relatives may be half blood, related by adoption, or from a preceding generation as denoted by prefixes of grand, great, great-great, or great-great-great. A child may also live with the spouse of any persons previously named even after the marriage has been terminated by death or divorce.

Unit: Person or persons who will be eligible to receive EA services under the same application. A unit must include at least one child.

Income Maintenance Responsibilities

The Income Maintenance Worker shall -

1. Receive EA application forms from Program Workers and complete authorization sections as appropriate;
2. Determine eligibility for EA services;
3. Authorize necessary EA services for Domestic Violence services and for housing and other essential services;
4. Complete notice of finding when the application has been signed by the applicant. A notice is not required for applications made by Department staff in behalf of a child; and
5. File and maintain client case file.

It is permissible for Program and Income Maintenance responsibilities to be carried out by the same NDHHS employee where the employee normally performs duties of both positions. In cases of domestic violence situations, income maintenance responsibilities must be performed by the DVP coordinator.

Scope

The program has the following guidelines:

1. A case that is eligible under one of the ongoing programs may qualify for EA. For example, an emergency need may arise while an applicant is awaiting determination of eligibility for another program or while receiving other assistance.
2. This program includes migrant workers and transients statewide if they are otherwise eligible. There is no durational residence requirement.
3. EA should be used to pay for Foster Care only where the Foster Care cannot be claimed as a IV-E expense, unless specifically determined otherwise.

Application and Authorization for Emergency Services Using Form IM-9EA

The application document for child welfare Emergency Assistance for Families (EA) cases will be the Form IM-9-EA, Application and Authorization for Emergency Assistance. An IM-9-EA is to be filled out for every child who is referred to the Department for protective/child welfare services, usually upon the first significant contact by a DHHS staff person with any member of the unit in which it appears there might be an emergency (e.g., first call to the family following a CPS referral).

Application Section

Completion of the Application Section of Form IM-9-EA is considered to be the official application for child welfare EA services. The "Application Section" is to be completed including all available information, signed and dated.

This section is to be completed and signed by the child's parent or caretaker upon initial referral or request for emergency assistance. If the child is to be removed from the home, or if the responsible adult refuses or is not able/available to sign the application, the application is to be signed by the Department (Program Worker) acting on behalf of the child. If the child remains in-home, the application is to be signed by an adult in the unit.

Certification Section

The Certification Section contains information necessary to determine eligibility for the EA program.

The Certification Section of Form IM-9-EA is to be completed by the Program Worker as soon as possible. The information is declared by the applicant or his/her representative and must be verified only if it appears to be questionable. The worker signs the Certification Section indicating the information is provided to the best of his/her knowledge and based on the information available. (See ELIGIBILITY REQUIREMENTS below)

Presumptive Eligibility

Under the EA Program, all Child Welfare referrals requiring immediate assistance to begin alleviation of the emergency situation qualify for presumptive eligibility. EA services can be authorized based on presumptive eligibility until a final eligibility determination is made. Services authorized under presumptive eligibility prior to the final eligibility determination will be paid under the EA program if the child is found to be EA eligible. Therefore, all applications for EA services meeting the above criteria are to be designated as being presumptively eligible. This designation is to be noted by an affirmative answer to question 6 in the "Certification Section" of Form IM-9-EA.

Authorization of Services Section

The Program Worker authorizes EA services on lines 7 through 9 of Form IM-9-EA.

The EA authorization period commences at the application date and ends 30 calendar days later. After that date, no additional services can be authorized for this 12-month period. Services are authorized for 12 months, commencing with the date of application (assuming services are provided immediately based upon presumptive eligibility). The Program Worker needs to ensure that all services which may be reasonably needed for the child during the following 12-month period are authorized during the authorization period.

After completing the "Authorization of Services Section", the Program Worker signs as the "Authorizing Worker". After the Program Worker completes the "Certification Section" and the "Authorization of Services Section" of Form IM-9-EA, it should be immediately forwarded to an Income Maintenance Worker for eligibility determination.

Eligibility Determination Section

The Income Maintenance Worker will complete questions 10 through 12 of the Eligibility Determination Section of the IM-9-EA using the information obtained from the Certification Section and information available through state data systems. Information given in the certification section generally is accepted without further verification. If it appears unreasonable or questionable, the worker must obtain sufficient additional information or verification. In answering question 12, the Income Maintenance Worker should research information maintained in the system to ensure the child has not had a "new emergency" for which they have received EA services within the last 12 months.

The client will be eligible for EA based upon the Income Maintenance Worker's finding of (1) a yes answer to questions 1 through 3 and 10 through 12, and (2) a no answer to number 4. The eligibility determination finding is to be recorded on line 13 or 14 of the Eligibility Determination Section.

If the client is eligible for both Title IV-E and EA benefits, benefits under the IV-E program would normally take precedence over the IV-A program. However, a client may receive EA and Title IV-E benefits at the same time. EA may be used to pay for needs such as family support or parenting education that cannot be allowed under Title IV-E. EA may also be used during periods of ineligibility for Title IV-E.

After completing the Eligibility Determination Section, the Income Maintenance Worker signs as the Authorizing Worker, and enters data on the EA tracking system if the application is being approved.

Emergency Assistance Eligibility Requirements

The following requirements must be met for a child to be eligible for EA:

1. The child must have an emergency as defined in the current state plan.
 - a. Abuse, neglect, or abandonment of children, or family violence.
 - b. Children who are in emergency situations where continued presence in the home is not in the best interests of the child.

- c. Removal and/or need for continued removal and/or risk of removal and/or continued risk of removal of a child due to an allegation of abuse or neglect; abandonment; or judicial determination of dependency, delinquency or status offense.
- d. Risk of return of an adopted child or a child in a subsidized guardianship situation to foster care due to behavioral, medical, or special needs of a child.
- e. Loss of housing or potential loss of housing and/or other essential services.
- 2. The child must be 18 years of age or younger.
- 3. The child must be legally residing in the United States.
- 4. The child must have lived with a specified relative in the last 6 months.
- 5. The emergency cannot have resulted because of refusal of employment or employment training.
- 6. The family (a child removed from the home is considered a household of one) does not have resources available to immediately meet their needs as defined below.
- 7. The applicant has not had a "new emergency" during the last 12 months for which EA services have been received.

Emergency Assistance Income Eligibility Requirements

The applicant must be eligible for ADC, SSA, Food Stamps, or Medicaid or be without sufficient income immediately accessible to meet their needs.

An applicant is considered without sufficient income immediately accessible to meet their needs if their gross monthly income does not exceed 800 percent of the Federal Poverty Level. The client's statement of available income is accepted without further verification unless a prudent person would question the information.

MONTHLY INCOME ELIGIBILITY REQUIREMENTS

Number in Unit	1	2	3	4	5	6	7	8	9	10
Income Limits	\$4984	6688	8392	10104	11808	13512	15224	16928	18532	20344

For each individual over ten, add \$1704

In determining a child's gross monthly income, a Program Worker considers only income that is available to the applicant. When a child applicant is placed in out-of-home care or when the parents of a child cannot be located or refuse to cooperate in supporting the child or applying for EA, and when the EA is necessary to avoid destitution of the child or to provide living arrangements in a home or child care facility, the child's income alone is considered in determining eligibility. For income limits and payment limits for emergencies related to families at risk of losing their housing or other essential services, see Emergency Assistance Income and Payment Limits.

EA Benefits Relating to Housing and Other Essential Services

Payment may be made for the following items if applicable eligibility requirements are met.

Utility Bills

If the applicant has received a shut-off notice, the worker may authorize payment for electricity, gas, and/or water. Payment may also be made for delivery of bulk fuel. EA may be used for payment of heating and cooling bills only if the applicant is not eligible for the Nebraska Low Income Energy Assistance Program (see Title 476). The applicant and Program Worker shall develop a plan to avoid a recurrence of the shut-off or depletion of fuel.

Payment may be made if the utilities are in a name other than the applicant's if the Program Worker can establish that -

1. The applicant is the sole beneficiary of the service; and
2. The utilities are not included in the rent payment.

Medical Payments

Medical payments may be made to alleviate current needs of a family which is in a crisis situation because of a catastrophic illness. The illness must require hospitalization (see 479 NAC 9-003). Any member of the family may have the illness. Medical services related to the illness (such as physician's fees and ambulance charges) are included. Funeral expenses are not covered.

Before authorizing EA, the Income Maintenance worker shall determine that the family is not eligible for categorical medical assistance.

Emergency Telephone Installation

Payment may be made for emergency telephone installation when a phone is necessary because of medical needs.

EA Benefits Relating to Domestic Violence

Emergency Assistance benefits are available for crisis intervention activities intended to lessen the trauma of an event that is perceived as physically or emotionally threatening and to assist a person so that a more adaptive outcome will result, including the ability to better cope with a future crisis. Payment may be made for the following services if applicable eligibility requirements are met.

1. Crisis Counseling: Supportive listening; providing information on dynamics of domestic violence, impact of violence on self and children; and identification of needs and resources to meet needs;
2. Transportation: Transportation for victims and their dependents to and from community facilities and resources;
3. Safe Living Environment: Safe living environments which provide a supportive, non-threatening shelter to victims, their families, and household members including -
 - a. Residential facilities that provide an in-house program of individual and group counseling. The formula for reimbursement of shelter costs must be approved by the Central Office of the Nebraska Department of Health and Human Services;
 - b. Motels and hotels (with support services provided by domestic violence project personnel, as needed);
 - c. Private homes (with support services provided by domestic violence project personnel and/or hosts);
4. Food: Food, if food is billed separately from shelter costs; and
5. Emergency Telephone: Emergency telephone installation when a phone is necessary because of safety needs.

General EA Payment Provisions

Payment for all approved EA is made by warrant directly to the provider or to the designated member of the family when appropriate. Payment may be made for all or a portion of the bills related to the family's crisis.

If insurance or third party liability is involved, every effort must be made to resolve issues of liability before EA payment is made. If it is impossible to resolve liability issues within 60 days from the EA application date, EA payment may be made but the insurance company must be notified of the Department's right of subrogation.

Tracking System for Emergency Assistance

Each case approved for EA is entered on the Focus program of CICS. The worker also checks this system to determine if applicants have received EA within the previous 12 months (see the EA User's Guide).

Claims for Reimbursement

Claims for reimbursement under Title IV-A/EA will be paid only for services authorized within the 30-day authorization period.

Procedures for Claiming Reimbursement

The Income Maintenance Worker is to follow policies and procedures for determining foster care payments according to Title 479, Chapters 1 and 2. Emergency Assistance Child Welfare Services payments will be made through the PAE and Warrant Writer systems.

Case Records

A separate case record or identifiable documents/documentation within the case record must be maintained for each EA case. The record must contain all the prescribed forms and documentation.

Case records are to be maintained by the Income Maintenance Worker and should include the following:

1. Form IM-9-EA, signed by the client, his/her parent, guardian or conservator, a relative, caretaker, or the Department acting on the child's behalf;
2. Any additional evidence needed to establish eligibility or ineligibility for EA benefits;
3. A description of the applicant's specific needs;
4. A copy of Form IM-8 informing the applicant of the approval or denial of the application; and
5. A copy of Form DSS-5 and all invoices or receipts that substantiate the EA expenditures of the case.

Emergency Assistance Income and Payment Limits

Income Limits for Payments for Families at Risk of Losing Housing or Other Essential Services (185% ADC Standard)

Number in Unit	1	2	3	4	5	6	7	8	9	10
Income Limit	\$411	542	673	805	936	1067	1199	1330	1461	1593

For each individual over 10, add \$131.

Annual Payment Limits for Housing and Other Essential Service Benefits

Number in Unit	1	2	3	4	5	6	7	8	9	10
Payment Maximum	\$222	293	364	435	506	577	648	719	790	861

For each individual over 10, add \$71.

Shelter Expense

Number in Unit	1	2	3	4	5	6	7	8	9	10	11	12
Shelter	101	101	103	105	108	109	111	112	113	114	123	133

Income Limits for Domestic Violence Service and Child Welfare Service Benefits (800% Poverty)

Number in Family	1	2	3	4	5	6	7	8	9	10
Income Limits	\$4984	6688	8392	10104	11808	13512	15224	16928	18532	20344

For each individual over 10, add \$1704.

APPENDIX

Training Needs for Intake

A training program for all support and direct line protective service staff who are new to the system, and who have been employed by the Department for any length of time will include the following:

- Team development
- Interviewing:
 - active listening
 - probing questioning
- Family systems theory and practice
- Child development
- Crisis management and intervention
- Child protective service legal issues
- Federal and State programs
- Community resources:
 - role
 - identification
 - access
- Cultural competence
- Child abuse/neglect:
 - identification
 - dynamics
 - treatment
- Decision-making:
 - assessment
 - prioritization
 - problem-solving
 - evaluation
- Ethics and values in child protective services
- Risk and safety assessment
- Department role
- Documentation
- Department's computer programs and systems

Knowledge, Skills and Abilities at Intake

Knowledge and understanding of:

- Community resources
- Legal system and legal issues surrounding child welfare
- Family systems theory
- Child development
- Treatment (programs, models, theory)
- Department programs, services and system operation
- Cultural practices and beliefs
- Risk assessment
- Investigative Team Protocol (LB 1184 Team)

Skills:

- Communication
- Listening
- Interviewing
- Crisis intervention
- Problem-solving
- Concise writing
- Time management
- Phone (courteous, polite, competent, etc.)
- Organizational

Abilities:

- Manage and prioritize time, effort and response
- Deal with crisis in a calm, effective manner
- Weigh and prioritize information
- Convey professional confidence and competence
- Identify alternative resources (all resource options)
- Apply theory to practice
- Be sensitive to cultural issues

Instructions for Completing Form IM-9-EA, "Application and Authorization for Emergency Assistance"

Use: Form IM-9-EA is used for all child welfare and domestic violence Emergency Assistance cases to -

1. Apply;
2. Gather and record information to determine eligibility;
3. Certify presumptive eligibility;
4. Authorize services; and
5. Approve or deny the application.

Form IM-9-EA may be used in place of Form DA-100 for regular Emergency Assistance cases if it appears that Emergency Assistance is the only category of assistance for which the applicant is eligible.

Number Prepared: One copy of Form IM-9-EA is completed.

Completion:

Application Section (Identifying Information): Each application must include at least one applicant. In child welfare cases only, it can be used for multiple applicants. Each child who is removed from the home is a separate applicant. Indicate applicant status by entering the letter "A" in the Applicant field. If the individual is not an applicant, leave this field blank.

Name (Head of Household and/or applicant): If there is a head of household, enter that name on this line, along with requested information about that person. If there is no head of household, enter the name and requested information about one of the applicants.

Family Members in Unit: Include all persons in the unit, whether or not they are family members.

1. For all persons who are members of the unit of the Applicant in number 1, enter the relationship to the applicant listed in number 1. Leave the field for "Applicant" blank.
2. For all persons who are applicants in their own right, enter "self" for Relationship and enter the letter "A" in the "Applicant" field.

Other individuals in the Household: If there are others in the household who are not in the assistance unit, enter their names. "Relationship," "SSN," and "DOB" are optional fields. "Applicant" field will always be blank.

Noncustodial Parents: If possible, you should enter this information.

Applicant(s) Street Address(es): The numbers correspond to the numbers above. Write "same" if the information agrees with that for number 1.

Certification Section:

1. Refer to policy for the five kinds of emergencies for which EA services can be provided.
2. "Past six months" means any time within six months before the date of application.
3. Mark "No" if any person for whom EA is being applied (child or adult) is not legally living in the U.S. If "No," list names.
4. Check "Yes" only if refusal or quitting a job without good cause caused the emergency.
5. Family size: Enter the number of members of the unit. Family gross income: Enter the total gross income of the unit, earned and unearned. If the space is inadequate, write in 5a or attach another sheet. If the application is for Child Welfare or Domestic Violence EA and the unit receives ADC, SSI, or Food Stamps, that information can be entered in lieu of an income figure.
- 5a. If applicable, enter applicant number to correspond with the listing in the Application Section.
6. FOR USE IN CHILD WELFARE OR DOMESTIC VIOLENCE CASES ONLY:

Mark "Yes" if 1, 2 and 3 are "yes" and 4 is "no." Complete the signature line.

Mark "No" if 1, 2, or 3 are "no" or 4 is "yes." Complete the signature line. Go to number 14 and complete it. Send the appropriate notice and file the form in the record.

Authorization of Services Section: Check to authorize as appropriate. If authorization is based on presumptive eligibility, forward to the Income Maintenance worker for eligibility determination.

Eligibility Determination Section:

10.&

11. Using prudent person principle, if information in the Certification Section appears unreasonable or questionable, verify the information and document the outcome in field number 15. Based on this additional information, check the appropriate box in numbers 10 and 11. (For number 11, see the charts.)
12. Mark the appropriate response, based on information from the EA Tracking System.
13. If the application is approved, mark the box; if the application is denied, leave blank. If approved and the date differs from the date at the bottom of the page, write in the date.
14. If the application is denied, mark the box and write in the reason(s). If the application is approved, leave blank. It is unnecessary to complete the date unless it is different from the date at the bottom of the form.
15. Optional. This space can be used to explain or clarify anything related to eligibility determination.

Signature and Date: Sign and date whether approving or denying application.

Disposition: Form IM-9-EA is filed in the EA case record.